me pet N	NISS	<b>DUR</b>	I DI	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	j					
PL" / DEPARTMENT			F PU	BLIC	egistration District No. 209 Primary Registration District No. 3043 Registrat's No. 283 STATE FILE NUMBER						
DO NOT WRITE ON THIS STUB		MEND	D	Fi							
VS 300					PLACE OF DEATH  a. COUNTY  MANGEN  2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE  b. COUNTY  MANGEN  a. STATE  M. b. COUNTY  MANGEN  A. COUNTY  MANGEN  B. C	ence before (mission)					
Rev. 4/59	AMENDED					side Limits					
<u>17648</u>	TE A				HOSPITAL OR // ADDRESS / A // ADDRESS / ADDRES	de on Farm					
2/264R	<b>3</b> ₹		Ш	_	In California / Fair	No 2					
3				3	(Type or print) Qual Mace Caskwan DEATH July 24, 19	Year					
5 2				5	Teresale Milowed Divorced   Care 7,85 Months Days Hos						
6	,ws		.	<b>~10</b>	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY J. BIRTHPLACE (City and state or country)  11c. CITIZEN OF WHAT  11c. LINE OF	COUNTRY					
7 0	OLLO			13	Terris: Linder Tella Chetch Marcus Casher						
<u>* 2</u>	AS F			15	WAS DECEASED EVED IN U.S. ADMED FORCES? 14 SOCIAL SECURITY NO. 17 INCOMMENT	- and					
1200	RE .			<del>                                   </del>	es no, or unknown) (If yes, give war or dates of serving)  18. CAUSE OF DEATH (Enter only one cause per line ror (a), (o), and (c).  INTERVA	LE BETWEEN					
10	δ Α F		MEN	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) .Massive myocardial infarction							
	RECORD EAD OF				Conditions, if any, ) DUE TO (b) Arteriosclerotic heart disease with 8 yr	rs.					
	THIS REC INSTEAD	<u> </u>	-		which gave rise to above cause (a), stating the underlying cause last. DUE-TO (c)						
	8			NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II (a)  PART III. If deceased was there a pregnancy in	female was last 90 days.					
	Z	İ		CAT	☐ Yes ☐ No	☐ Unknown					
E BLACK INK OR WRITER RIBBG	AMENDMENT			CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of ite PERFORMED? PERFORMED? PERFORMED?	ım 18.)					
	AME			AEDICAL	20c, TIME OF Hour Month, Day, Year INJURY a.m. p.m.						
				~	20d. INJURY OCCURRED  WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while AT WORK   50 pt. 10 pt.	\$TA1E 					
	READ				21. I attended the decessed from Oct. 1952, to 7/25/63 and last saw her alive on 12/7/62						
					Death occurred at	DATE SIGNED					
US	знопгр		/T OF		228 Figure 100 N. 6th, Hannibal, Missouri 7/	27/63 (State)					
•	ON	-	FIDAV	23	Be BURIAL (CREMATION, 236. DATE 23. NAME OF CEMETERS OF CREMATION 236. DATE 25. NAME OF CEMETERS OF CREMATION. 236. DATE 25. DATE	ر المانان الم					
	ITEM N		Y AFF	75	FUNERAL DIRECTOR ADDRESS ADDRE	Pla:					
	=		١٣	12	(Licensed Embalmer's Statement on Reverse Side)	an					

## STATEMENT BY LICENSED EMBALMER

l	hereby certify that the body whose nan	ne is record	ded on the reverse side of this certificate was embalmed by me,
or by_			, Student Embalmer No
working	under my personal supervision.		
Student_	Signature of Student Embalmer	<del></del>	Signed Talph Clark
			Licensed Embalmer No. 4/2//
, ,			P. O. Address January Juc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Carmit issued !